

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7283

FILED APR 11 1955

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 348	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 65 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pappas Nursing Home 2938 Sylvanite Street				e. STREET ADDRESS (If rural, give location) 2005 Union Street			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Louise		c. (Last) Cronkite		4. DATE OF DEATH (Month) (Day) (Year) March 31, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 13, 1872	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Danville, N. Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jesse B. Prussia		13b. MOTHER'S MAIDEN NAME Anna Boyd		14. NAME OF HUSBAND OR WIFE Frederick P. Cronkite			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dr. Walter L. Cronkite			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, BRONCHIAL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE HEART DISEASE DIABETES MELLITUS				INTERVAL BETWEEN ONSET AND DEATH 1 WEEK UNKNOWN 3 YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE			
22. I hereby certify that I attended the deceased from 9-25, 1954, to 3-31, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 8:20A m., from the causes and on the date stated above.							
23a. SIGNATURE Allen Isherman M.D.				23b. ADDRESS 706 FRANCIS ST. City		23c. DATE SIGNED 4-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. April 4, 1955		REGISTRAR'S SIGNATURE Bashed M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer & Therman, St. Joseph, MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by****....., Student Embalmer No.....
working under my personal supervision..

Student.....***.....
Signature of Student Embalmer

Signed.....*Albert R. Herring*.....

Licensed Embalmer No. 3258.

P. O. Address ...St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.